

Placer County Mental Health, Alcohol and Drug Advisory Board

Annual Retreat/Workshop

May 19, 2017

Attendees: Amy Ellis, Tony Allinger, David Bartley, Sharon Behrens, Yvonne Bond, Lisa Cataldo, Gregg Cirillo, Stacci Filla, Janna Jones, Geoff McLennan, Marie Osborne, Sharon Stanners, Theresa Thickens and Dianne Wierenga

Absent: Jim Holmes

Guests: Cyndy Bigbee, Jennifer Smith, Katherine Ferry, Joanne Hendricks, Elizabeth Madsen and Janet O'Meara

INTRODUCTIONS

Theresa Thickens, Chairperson, commenced the Mental Health, Alcohol and Advisory Drug Board (MHADB) annual workshop/retreat at 9:03 a.m., providing the following information for attendees:

- Not an official part of the regular MHADB meeting.
- No decisions are made during this time.
- Input only.
- Training for board members and public, if present.

Theresa Thickens, Chairperson, introduced herself and reviewed the meeting agreements for today's annual retreat/workshop. All attendees, including guests, introduced themselves.

❖ **Welcome / Introductions (overview of the day) – Theresa Thickens**

- **Meeting agreements were identified**
 - *One person speaks at a time*
 - *Listen to each other's perspective*
 - *Be respectful*
 - *Take breaks as needed*

❖ **Conservatorship Panel – Overview of Conservator Process**

Marie Osborne introduced the panel members and handouts were distributed.

▪ **Jennifer Smith, Placer County - County Counsel**

- Provided a basic overview of an LPS (Lanterman, Petris, Short) Conservatorship.
- Discussed the two elements/types for an LPS conservatorship and the differences – conservatorship of the person and conservatorship of the estate.
- When going to court for a conservatorship, it is necessary to show that the individual is gravely disabled and highlighted criteria required to be met (directed members to handout provided).
- Briefly reviewed the Declaration of Psychiatrist/Physician Regarding Renewal of Conservatorship (reviewed annually).
- Conservatorship is only put in place for a one year period.

▪ **Elizabeth Madsen, Placer County - Public Defender**

- Ms. Madsen is new to the Public Defender's office, starting in December. She explained why she wanted to become an attorney and work in this position, also sharing that she has loved ones with mental illness.
- Feels it's important and her role to advocate for the constitutional rights of people with mental illness (those that are being conserved); it's a very vulnerable population.
- Advocates for the conservatee's expressed wishes.
- Conservatorship is a big deal; it's taking away all their rights – right to drive a car, enter into a contract, possess a firearm, consent to medical care regarding their mental illness, and consent to their routine medical care. She argues to keep as many rights as conservatee expresses they would like to keep.
- Part of her job is sometimes to be a watchdog of the estate. She reviews how the Public Guardian is spending the money, review the accounting to make sure things are correct, and brings any errors/issues to the judge's attention.
- Provided information on AB 1836 – brand new law where a family can take a private conservatorship and ask the court to initiate a referral to an LPS conservatorship. It's a new avenue to LPS conservatorship.

▪ **Cyndy Bigbee, ASOC Program Manager**

- Reviewed the levels of care and how it relates to the individual's need(s).
 - The highest level of care is a locked facility – state hospital (county has to pay); IMDs (Institutions for Mental Disease) – under IMDs, there are two types of facilities: 1) licensed as a mental health rehabilitation center; 2) licensed as a skilled nursing facility.
 - Board and cares - two levels: 1) enhanced board and care; 2) room and board.
 - Independent living.
 - Shortage of placement options for those older individuals who have a psychotic disorder.
- Tony Allinger requested the number/names of the facilities in Placer County.
 - There are no locked facilities in Placer County.
 - Harmony House is a 15-bed enhanced board and care.
 - Taylor's Board & Care.
 - IMD: Crestwood – Redding. There are approximately four people placed in this facility.
 - Willow Glenn is a secured board and care with several clients.
 - Collaborative Housing (residential living) consisting of six or eight homes embedded in the community.
- Provided the following information on conservatees:
 - 68 current LPS conservatees: approximately 20 conservatees not in a locked facility; 2 are considered Murphy's conservatorship, 15 are living in Placer County and rest are scattered throughout the state.
- Reviewed Placer County's internal process and the two kinds of conservatorship, focusing on mental health conservatorships.
- Briefly reviewed the T-Con (temporary conservatorship) process, which allows time (six months) to further investigate to confirm need for conservatorship.
- Tony Allinger recommended there be some sort of flow chart identifying the steps so loved ones can track the intake process; help everyone be more informed, help them better understand the process and be better able to advocate for the family member.
- Discussed ways to better understand the process.
 - There is no formal orientation.
 - Helpful to create some informational packet or tool to be shared to the public, families, clients, etc.
 - Place information online to make it easier to access.
 - Create a basic flow chart and a list of key acronyms (related to process).
- Ms. Bigbee reviewed the data contained in her packet – Referrals and Disposition and Number of Conservatorships by Type.

❖ **Jail Services / California Forensic Medical Group (CFMG)**

▪ **Joanne Hendricks, Medical Program Manager - CFMG**

- Distributed an outline of the discussion – CFMG Mental Health Program Overview – Placer County Correctional Facilities
- Ms. Hendricks introduced herself and provided a brief work history background prior to her 20 years with CFMG.
- The goal is to always be the patient advocate.
- Ratio of staff is one Registered Nurse and one Licensed Vocational Nurse taking care of the entire population - 380 patients at any given time.
 - It's not an acute care hospital, not an outpatient hospital – it's an infirmary.
 - It's the level of care that is identical to home health care.
- In corrections, identical to acute care facilities, there are standards of care and regulations that must be met.
- Explained the standards and regulations for Title 15 (medical services), Title 17 (dental services), IMQ (Institute for Medical Quality) and DHS (Department of Health Services).
- All CFMG county facilities are IMQ (Institute for Medical Quality) accredited.
- Reviewed the intake assessment process, including triage/receiving screening and explained what they're about and how they care for their loved ones.
 - Gather information on medications, medical history, substance abuse, mental health history, suicide risk assessment, dental, pregnancy, ADA, etc.
- Liz Madsen requested a copy of CFMG's intake form.
- Mental health workers on call – 24/7.

- There are a number of protocols that are followed in order to keep the patients very safe.
 - Assessment protocols.
 - Alcohol withdrawal protocols.
 - Benzodiazepine protocols.
 - Alcohol and Benzodiazepine withdrawals pose the highest - high risk of death.
 - Medical staff and medical providers provide annual training to the officers – extensive emergency medicine, suicide prevention, and mental health issues. Four hours of training for each category.
 - If a family has an issue and notes a problem, they are encouraged to contact Joanne Hendricks.
- **John Eby, Regional Director for Mental Health Services for the entire company of CFMG**
 - Mr. Eby introduced himself and provided a brief work history background.
 - By California Department of Corrections' standards, there are over 350,000 Americans behind bars because they have a medical disease – not because they are a criminal, because they have a medical disease.
 - Talked about administrative segregation (protected) and reasons why inmates are placed in this space – 23 hours per day, seven days a week.
 - CFMG's motto: Always do the right thing.
 - The goal is that the people that enter into the facilities will receive services that are on par, if not better than what they are getting in the community.
 - Socialization groups for individuals take place three times per week. Activities include artwork; games; educational programs; talking about current events, etc. It's an opportunity for peer type of counseling and so they know they are not alone.
 - The county has been working with CFMG, bringing programs into the jail (AB109, J2A Programs) to help and have contact with the patients.
 - CFMG institutes discharge planning immediately as soon as they know individual is going to their first day of court.
 - CFMG noted that they provide a higher standard than what the state requires.
- ❖ **Mental Health, Alcohol and Drug Advisory Board Handbook – Theresa Thickens**
 - Recommend that every other year the handbook is updated and dated.
 - The hope is to have the new handbook printed in June so copies will be available for distribution July 1, 2017.
 - Members were provided a one-page sheet of changes – what has been added and/or updated. Each of the items to be added and/or updated was reviewed by Theresa Thickens during this discussion.
 - Recommend having the Member Handbook accessible on the website.
 - If members feel there is anything else that needs to be distributed to all members, items that need to be consistent or have any recommendations, bring to Theresa Thickens.
- ❖ **Committee Roles and Responsibilities Discussion – Theresa Thickens**
 - Placer County Mental Health Alcohol and Drug Advisory Board – Committee Discussions (handouts provided).
 - The committee discussions that is the focus today is ensuring every committee, as a whole, understands the role and responsibility that has been agreed upon previously; if there's a need to change something, this would be the time to discuss.
 - Tony Allinger asked if the current standing committees – Alcohol and Other Drugs, Children's and Adult Services were staying in place or would the members consider changing the committees.
 - Theresa Thickens noted that ad hoc committees could be added at any time. If there is a need to look into a specific issue(s), an ad hoc committee can be created to focus on that issue.
 - Having quality improvement (previously the QI committee) incorporated into each of the committees brings more weight and oversight on the particular outcome measure because it's specific to the committee.
 - Sharon Behrens, related to Transition Age Youth (TAY), believe there needs to be some type of cross over between ASOC and CSOC. There's a need to collaborate together and have a goal – joint committee goal. Members may also want AOD committee at the table and it may be collaboration of all committees.
 - Talked about devoting once a quarter for a joint collaborative committee meeting to work on an issue.
 - Geoff McLennan suggested utilizing teleconference equipment so people don't have to travel for meeting(s).
 - Action item for June agenda: Discuss creating a quarterly collaborative meeting with the possible use of technology, e.g., teleconferencing.
 - Or tag the collaborative meeting to the regular meeting (possibly even meeting once per trimester).

- Recommended more focus on older adult.
- Gregg Cirillo recommended that each committee's agenda be sent to all members.
- Would like more information on the Stepping Up program.
- Interest in Campaign for Community Wellness (CCW) and having the board represented. Members can find information on the CCW by going to their website.

Public Comment

- ❖ Janet O'Meara – provided comments which included her experience on the MHADAB, as an advocate for a family member, proactively learning things on her own and being heavily involved in NAMI. She feels members have to educate themselves. She talked about the Campaign for Community Wellness (CCW) and feels it would be valuable for MHADAB members attend.
- ❖ Katherine Ferry mentioned that there are three – four subcommittees for CCW. It would be beneficial to get on their mailing list. Regarding the TAY population and proposed quarterly collaborative meeting, Mental Health America (MHA) would like to be invited to that meeting. MHA has a contract with both ASOC and CSOC and have family advocates working on both the adult and children's side of the house.
- ❖ **Working Lunch** (*Below items discussed*)
- ❖ **Review and Discussion of Board Goals – Theresa Thickens**
MHADAB Progression of FY 2016-17 Goals (handout provided)

Review of FY 16-17 goals to determine which are still ongoing for FY 17-18

Adult Services Committee

Carryover numbers: 6, 7, 8, 11

- ❖ Criminal mental health
- ❖ Outreach/Visibility
They all include outreach in some way (could be both internal with county staff and outside of county to compare how county matches against other counties).

Alcohol and Other Drug

Carryover numbers: 13, 14, 15

- ❖ Investigate substance use services for youth
- ❖ Monitor providers
- ❖ Outreach/Visibility (networking with providers and recruitment).

Children's Committee

Carryover numbers: 1, 3

- ❖ Sprouts Program
 - Trauma Informed Care (larger issue/community of trauma informed care)
 - Assess CSOC
- ❖ Juvenile Hall (review mental health in juvenile system and identify the follow-up plan)
- ❖ TAY collaborative process (understanding the TAY system and the steps). It's a review of what it is and how it functions.
- ❖ Outreach/Visibility
- ❖ Last four items will continue to be monitored
 - Psychotropic Medication Review
 - Evaluate Katie A Implementation
 - Work Options for Foster Youth
 - Sexually Exploited Children
- ❖ **Mental Health Alcohol and Drug Advisory Board Report Card – Theresa Thickens**
 - Members were provided with a the 2016 report card and a blank report card and asked to review between now and next meeting.
 - Reviewed the results/findings of last year's (2016) report card which included concerns about how site visits were conducted, attendance (keeping people involved in the committees) and orientation.
 - Email prior to or bring completed report to the next regular meeting.

❖ ***Slate of Officers / Closing Comments – Theresa Thickens***

Slate of Officers

Identified the following slate of officers for FY 17-18

- ☐ Chairperson: Yvonne Bond
- ☐ Vice-Chairperson: David Bartley
- ☐ Secretary/Treasurer: Tony Allinger
- The vote for slate of officers will take place at the June 26, 2017 regular meeting.

Closing Comments

Theresa Thickens thanked everyone for their participation.

Closing comments were made by members and guests.

Retreat adjourned at 1:01 p.m.